

## Claims

We claim:

1. A method of centralized automated underwriting of an insurance policy in accordance with a plurality of applicant  
5 information, comprising:

intaking the plurality of applicant information;

normalizing the plurality of applicant information;

applying, in parallel, and to the normalized plurality of applicant information, at least two primary executable rules,  
10 wherein the normalized plurality of applicant information comprises at least two parameters for the at least two primary executable rules;

generating a report log of results of said applying, wherein the report log includes at least one flag of at least  
15 one of the plurality of applicant information;

referring, in accordance with the at least one flag, of at least one of the flagged at least one of the plurality of applicant information, to at least one hierarchical underwriter; and

20 forwarding a response to the intake in accordance with a result of said referring.

2. The method of claim 1, wherein said intaking comprises intaking by at least one independent sales agent.

3. The method of claim 1, wherein said intaking comprises  
5 intaking by at least one remote networked site.

4. The method of claim 3, wherein said intaking comprises intaking into at least one applicant database at the remote networked site.

5. The method of claim 1, wherein the at least one flag includes at least one do not insure flag.

6. The method of claim 5, wherein, upon detection of the do not insure flag, said referring comprises referring to a policy rejector, and wherein said generating a response comprises generating a denial response.

7. The method of claim 1, wherein the at least one flag  
20 includes at least one refer for further consideration flag.

8. The method of claim 7, wherein, upon detection of the refer for further consideration flag, said referring comprises

referring to a hierarchical automated underwriter, further comprising:

applying by the hierarchical automated underwriter to the normalized plurality of applicant information correspondent to the at least one refer for further consideration flag, at least one secondary executable rule, wherein the normalized plurality of applicant information comprises at least one parameters for the at least one secondary executable rule;

generating, by the hierarchical automated underwriter, a report log of results of said applying at least one secondary executable rule, wherein the report log includes at least one selected from the group consisting of at least one secondary flag of at least one of the plurality of applicant information, and a final response;

if the report log includes at least one secondary flag, referring, in accordance with the at least one secondary flag, of at least one of the secondary flagged at least one of the plurality of applicant information, to at least one additional hierarchical underwriter;

if the report log includes a final response, forwarding the final response to the intake.

9. The method of claim 8, wherein said applying, and said applying by the hierarchical automated underwriter, are in parallel.

5 10. The method of claim 8, wherein said applying, and said applying by the hierarchical automated underwriter, are in series.

10 11. The method of claim 8, wherein said applying at least one secondary executable rule comprises changing a preliminary tier to a lower tier, and re-applying at least one primary executable rule after said changing.

15 11. The method of claim 7, wherein, upon detection of the refer for further consideration flag, said referring comprises referring to a hierarchical manual underwriter.

20 12. The method of claim 1, further comprising determining sufficiency of the applicant information provided, and requesting additional applicant information if an insufficiency is determined.

13. The method of claim 1, further comprising determining discrepancies in the applicant information.

14. The method of claim 13, wherein said determining  
5 discrepancies comprises comparing the applicant information to a plurality of stored applicant information.

15. The method of claim 1, further comprising tiering the application information wherein the response forwarded is an  
10 insure response.

16. The method of claim 15, wherein said tiering comprises comparing, by a comparator, of the report log to a tier characteristic database, to determine a highest service level  
15 to be associated with the applicant information.

17. The method of claim 15, wherein the applicant information comprises a preliminary tier, and wherein said tiering comprises comparing, by a comparator, of a preliminary tier to  
20 a tier characteristic database, to determine whether the preliminary tier is a highest service level to be associated with the applicant information.

18. The method of claim 1, wherein said intaking is from an insurance agent.

19. The method of claim 1, wherein said intaking is from an  
5 applicant.

20. The method of claim 1, wherein said intaking comprises querying for specific portions of the applicant information.

20 21. The method of claim 20, wherein at least a portion of the  
10 applicant information is accessible in a preexisting policy,  
accessing the at least a portion of the applicant information  
accessible in the preexisting policy, and autofilling the at  
least a portion of the applicant information accessible in the  
preexisting policy in at least partial satisfaction of said  
5 querying.

22. The method of claim 1, wherein said normalizing comprises  
receiving the applicant information in a secure format, and  
20 unencrypting the applicant information using a key  
correspondent to the secure format.

23. The method of claim 1, wherein said normalizing comprises parsing the applicant information.

24. The method of claim 23, wherein said normalizing further  
5 comprises assembling the parsed applicant information into a common format data structure.

25. The method of claim 1, further comprising maintaining archived applicant information for preexisting applicants, and updating the archived applicant information with the applicant information upon said normalizing.

26. The method of claim 1, further comprising assessing which of the at least two primary executable rules are applicable to the applicant information, according to the applicant information, prior to said applying.

27. The method of claim 1, further comprising assessing a transaction type prior to said applying.

28. The method of claim 1, further comprising assessing an application type prior to said applying.

29. The method of claim 1, further comprising relating, in a database, at least one of the at least one flag with at least one message in the report log.

5 30. The method of claim 1, further comprising assessing a workload of at least two of the hierarchical underwriters, and wherein said referring comprises referring to the one of the at least two hierarchical underwriters having a lowest workload.

31. The method of claim 1, wherein the response comprises a rate quote.

32. A centralized automated underwriter for an insurance policy, comprising:

an intake that intakes a plurality of applicant information in an intake format;

a normalizer that normalizes the intake format of the plurality of applicant information into a standard format of the centralized automated underwriter;

a rules applicator that selectively applies, to the standard format of the plurality of applicant information, and



in accordance with at least two parameters of the plurality of applicant information, at least two primary executable rules;

a report generator that generates a report log of results from said rules applicator, wherein the report log includes at least one flag of at least one parameter of the plurality of applicant information, and wherein said report generator refers, in accordance with the at least one flag, at least one of the flagged at least one parameters to at least one hierarchical underwriter.

33. The centralized automated underwriter of claim 32, wherein said intake comprises at least one independent sales agent.

34. The centralized automated underwriter of claim 32, wherein said intake comprises at least one remote networked site.

35. The centralized automated underwriter of claim 34, wherein said intake comprises at least one applicant database at the remote networked site.

36. The centralized automated underwriter of claim 32, wherein the at least one flag includes at least one do not insure flag.

5 37. The centralized automated underwriter of claim 36, wherein said hierarchical underwriter comprises a policy rejector.

10 38. The centralized automated underwriter of claim 32, wherein the at least one flag includes at least one refer for further consideration flag.

15 39. The centralized automated underwriter of claim 38, wherein, upon detection of the refer for further consideration flag, the hierarchical automated underwriter applies, in parallel, and to the normalized plurality of applicant information correspondent to the at least one refer for further consideration flag, at least one secondary executable rule, wherein the normalized plurality of applicant  
20 information comprises at least one parameter for the at least one secondary executable rule.

40. The centralized automated underwriter of claim 39,  
wherein the hierarchical underwriter comprises a hierarchical  
report generator, and wherein a report log generated by the  
hierarchical report generator includes at least one selected  
5 from the group consisting of at least one secondary flag of at  
least one of the plurality of applicant information, and a  
final response;

wherein, if the report log includes at least one  
secondary flag, the hierarchical report generator refers, in  
accordance with the at least one secondary flag, at least one  
of the secondary flagged at least one of the plurality of  
applicant information, to at least one additional hierarchical  
underwriter; and

wherein, if the report log includes a final response, the  
hierarchical report generator forwards the final response to  
said intake.

41. A process for reducing manual consideration of insurance  
applications, comprising the steps of:

20 receiving applicant information from at least one intake  
source;

standardizing the applicant information from the at least  
one source into an application information block;

transferring the application information block to a rule server;

applying, at the rule server, a plurality of business rules to the application information block to assess  
5 insurability of an applicant associated with the application information block, said applying resulting in a determination selected from the group consisting of insure, do not insure, and refer for further consideration;

wherein, if application of said business rules results in  
a refer for further consideration determination, referring the application information block to an manual underwriter for manual consideration of the application information block.

42. A process according to claim 41, wherein said  
15 standardizing uses a tagged field format.

43. A process according to claim 41, further comprising the  
step of comparing received applicant information to archived  
information to determine whether the archived information  
20 should be updated based upon the received applicant information.

44. A process according to claim 43, further comprising the step of comparing the received applicant information to the archived information to determine whether the applicant may be prompted for additional applicant information based upon the archived information.

45. A process according to claim 41, wherein said rules each comprise a formatted rule associated with an executable rule.

46. A process according to claim 45, wherein said executable rules each comprise applicability information, said applicability information identifying whether the rule is applicable to the applicant information block.

47. A process according to claim 46, wherein said applicability information identifies whether an the rule is applicable to the application information block based upon whether said application information block represents a renewal of the insurance application.

48. A process according to claim 46, wherein said applicability information identifies whether an the rule is applicable to the application information block based upon

whether said application information block represents a new enrollment in the insurance application.

49. A process according to claim 41, wherein the step of  
5 referring the application information block to an underwriter for manual consideration of the application information block further comprises monitoring the status of the application information block to determine whether manual consideration has occurred within a predetermined period.

50. A process according to claim 49, wherein when it is determined that manual consideration has not occurred within said predetermined period, further comprising escalating to a secondary manual underwriter.

51. A computer readable medium having thereon a plurality of instructions which, when executed by a computer process, implement the method comprising:

intaking a plurality of applicant information;

20 normalizing the plurality of applicant information;

applying, in parallel, and to the normalized plurality of applicant information, at least two primary executable rules, wherein the normalized plurality of applicant information

comprises at least two parameters for the at least two primary executable rules;

generating a report log of results of said applying, wherein the report log includes at least one flag of at least  
5 one of the plurality of applicant information;

referring, in accordance with the at least one flag, of at least one of the flagged at least one of the plurality of applicant information, to at least one hierarchical underwriter; and

10 forwarding a response to the intake in accordance with a result of said referring.